

REGISTRATION FOR LANGUAGE TRAVEL (TEACHER)

Personal Information

Family name:

First name:

Address:

Zip code, City:

Date of birth:

female male

E-Mail:

Phone number (with area code):

Mobile:

School:

Nationality:

Course dates:

Destination:

Date:

Place of departure / arrival:

Accommodation: Host family on half board basis
 Host family on full board basis
 Hotel with breakfast

Special requests, allergies etc.:

I know the detailed quotation as well as the price of the language travel and the travel conditions.

Date:

Signature:

Please return all signed application forms of the whole group by fax (0043 (0)1 478 80 90-20 or by mail to our office in Vienna: PDM Sprachreisen, Neubaugasse 68/2/20, 1070 Wien